EXHIBIT C

UNITED STATES BANKRUBYCY COURT 88/1- DISTRICT OF NEVADA	PR	OF OF CLAIM	109:03 Pa	age 2 of 12
Name of Debtor	10 11			
	Case Nu			
USA Comunerus Hortgage Company NOTE See Reverse for List of Debtors and Case Numbers	06-	10725-LB12		
NOTE See Reverse for List of Debtors and Case Numbers		T		
This form should not be used to make a claim for an administrative ex	pense	Check box it you are		
arising after the commencement of the case A request for payment administrative expense may be filed pursuant to 11 U S C § 503	ofan	aware that anyone else has filed a proof of claim relating to		
Name of Creditor and Address	_	your claim Attach copy of statement giving particulars		
PANAGIOTIS DOVANIDIS & DIMITI	RA			
DONANIGOU		Check box if you have never received any notices		
JTWRUS		from the bankruptcy court or BMC Group in this case		IIS PROOF OF CLAIM FOR A REST IN A BORROWER THAT IS NOT
14 MIGINON STIZEET 16674		Check box if this address	ONE OF THE DE	
14 MIGINON STREET GLY FADA ATHENS, 16674 GREECE		differs from the address on the envelope sent to you by the	•	ready filed a proof of claim with the or BMC you do not need to file again
Creditor Telephone Number ()01/- 30210 - 96724		court	THIS SPAC	E IS FOR COURT USE ONLY
Last four digits of account or other number by which creditor identifies	debtor	Check here replac	ces	, file of clayers date of
4041		if this claim amen		/ filed claim dated
1 BASIS FOR CLAIM	Retiree t	penefits as defined in 11 U.S.	C § 1114(a)	Unremitted principal
Goods sold Personal injury/wrongful death	ן Wages :	salaries and compensation (f	fill out below)	Other claims against servicer
Services performed Taxes	Last four	digits of your SS#		(not for loan balances)
Money loaned Other (describe bnefly)	Unpaid o	ompensation for services per	formed from	to
2 DATE DEBT WAS INCURRED	3 IF C	OURT JUDGMENT, DATE O	BTAINED	(date) (date)
4 CLASSIFICATION OF CLAIM Check the appropriate box or boxes the				he time case filed
See reverse side for important explanations		SECURED CLAIM		
UNSECURED NONPRIORITY CLAIM \$ Check this box if a) there is no collateral or lien securing your claim or b)) vour claim	Check this box if yo	ur claim is secu	red by ∞llateral (including
exceeds the value of the property securing it or if c) none or only part of ye entitled to priority		a right of setoff)	. 0. 4. 4	
UNSECURED PRIORITY CLAIM		Brief description of	_	П "
Check this box if you have an unsecured claim all or part of which is		Real Estate	_	
entitled to priority Amount entitled to priority \$		Value of Collateral		000,00
Specify the priority of the claim		secured claim if any		at time case filed included in
Domestic support obligations under 11 U S C § 507(a)(1)(A) or (a)(1)(B)	Г	Up to \$2 225 of deposits towa	ird ourchase lease	or rental of property or
Wages salanes or commissions (up to \$10 000) earned within 180 days	• <u> </u>	services for personal family of	r household use 1	1 U S C § 507(a)(7)
before filing of the bankruptcy petition or cessation of the debtor's business whichever is earlier 11 U S C § 507(a)(4)	<u> </u>	Taxes or penalties owed to gov		
Contributions to an employee benefit plan 11 U S C § 507(a)(5)	لبا	Other Specify applicable para Amounts are subject to adjus	-	
S TOTAL ANGUNT OF CLAIM	22.4	with respect to cases commen	ced on or after the	date of adjustment
5 TOTAL AMOUNT OF CLAIM \$ \$ AT TIME CASE FILED		00 \$		\$ 30,000,00
(unsecured) Check this box if claim includes interest or other charges in addition to the	,	ecured)	(priority)	(Total)
6 CREDITS The amount of all payments on this claim has been cree 7 SUPPORTING DOCUMENTS <u>Attach copies of supporting docu</u>				
running accounts contracts court judgments mortgages security	agreements	and evidence of perfection	of lien DO NO	
DOCUMENTS If the documents are not available explain. If the d 8 DATE-STAMPED COPY To receive an acknowledgment of th			•	envelone and conviof this
proof of claim	io ming or y	our dann endose a stamped	dell'addicasco	converse and copy of this
The original of this completed proof of claim form must be sen	*		1	THIS SPACE FOR COURT
ACCEPTED) so that it is actually received on or before 5 00 pm for each person or entity (including individuals, partnerships of				USE ONLY
governmental units) BY MAIL TO	·	OR OVERNIGHT DELIVERY TO		
BMC Group	BMC Grou	qı		FILED NOV 2 9 2001
- Rox 911	130 East	F1-141 1 -		MON & A 500
DATE , SIGN and print the name and title if any of the	El Segun	other person authorized to file		
this claim (attach copy of power of attor		oarer person authorized to file		
11/21/06 Dovan	joh:			

Case Of	3-10725-0W7 - Doc 887	1-3 Fr	tered 08/07/11 16:	<u> 109·03 P</u>	age 3 of 12
1	S BANKRUPTCY COURT OO / CT OF NEVADA	PRO	DOF OF CLAIM	03.00 1	age 0 01 12
Name of Debtor		Case Nu	ımber		
BA USA LOUME	ACIAL MORTGAGE	0/1	10725-LBR		
COMPAN	,	(/ 6-)			
NOTE See Reverse for List o					
3	o make a claim for an administrative on tof the case A request" for payme	•	Check box if you are aware that anyone else has	ł	
	e filed pursuant to 11 U S C § 503		filed a proof of claim relating to vour claim. Attach copy of		
Name of Creditor and	Address		statement giving particulars		
PANAGIOTIS DOV	ANITIS of DILLITERA		Check box if you have		
DOVANIDOU	,		never received any notices		
STURUS	_		from the bankruptcy court or BMC Group in this case		
14 MILINON ST	11 16674		Check hox if this address	ONE OF THE DE	BTORS
GLYFADA MITO	75, 4007 +		differs from the address on the	,	•
<u></u>	101/2702/12-0/22	427.	envelope sent to you by the court	1 ' '	· -
		es debtor			
	4041		of this claim.	a previously	/ filed claim dated
1 BASIS FOR CLAIM		Retiree	benefits as defined in 11 U S	C § 1114(a)	Unremitted principal
Goods sold	Personal injury/wrongful death	☐ Wages	salaries and compensation (fill out below)	Other claims against service
Services performed	Taxes		· ·		(not for loan balances)
Money loaned	Other (describe briefly)	Unpaid	compensation for services per	rformed from	to (date) (date)
2 DATE DEBT WAS INCURR	ED	3 IF C	OURT JUDGMENT, DATE O	BTAINED	
1		that best desc	ribe your claim and state the amou	unt of the claim at t	he time case filed
1	·		SECURED CLAIM		
		h) vour claim	Check this box if yo	our claim is secu	red by collateral (including
exceeds the value of the prop			a right of setoff)		
entitled to priority			Brief description of	collateral	
			Real Estate	☐ Motor Vehicle	e Other
entitled to priority	Turisecured claim air or part of willorn is		Value of Collateral	\$ 50	0.000.00
Amount entitled to priority	\$		Amount of arrearage ar		
Specify the priority of the clair					
Domestic support obligations	under 11 U S C § 507(a)(1)(A) or (a)(1)(E	3)	Up to \$2 225* of deposits toward	ard purchase lease	e or rental of property or
Wages salanes or commiss	ions (up to \$10 000) earned within 180 da	ays	services for personal family of	r household use	11 U S C § 507(a)(7)
before filing of the bankruptor	y petition or cessation of the debtor's				
	* ', ', ',	L		= :	
	(-),(-)				
	M \$ \$	30,0	200,00 \$	_	\$ 50,000.00
AT TIME CASE FILED	(unsecured)	(secured)	(priority)	(Total)
running accounts contracts	s court judgments mortgages securi	ty agreemen	ts and evidence of perfection	of lien DO NO	oces itemized statements of T SEND ORIGINAL
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) mu 1			st Franklin	ΓIL	ED NOV 2 9 2006
FIS 77 101			(((311_)		
DATE	IGN and print the name and title if any of this of arm attach copy of power of all		r otner person authorized to file		
11/21/06	12 manich	•			USA CMC
Penalty for presenting fraudulent of	laim is a tine of up to \$500 000 or imprison	ment for un to	5 years or both 18 IISC 88	152 AND 3571	
	a ap to \$000 oo or imprisorr		.,		1072501502

1	RICT OF NEVADA	PRO	OOF OF CLAIM	03.00 1	age 4 01 12
Name of Debtor	1AL 402744E	Case Nu			
COUPAN		06-	10725-LBR		
This form should not be use	st of Debtors and Case Numbers and to make a claim for an administrative exp ment of the case A request for payment		Check box if you are aware that anyone else has	1	
	be filed pursuant to 11 U.S.C. § 503		filed a proof of claim relating to your claim. Attach copy of		
Name of Creditor and	d Address OVANIBIS 4 PILLITRA		statement giving particulars		
20VAN1904			Check box if you have never received any notices	1	
JTWROS	-		from the bankruptcy court or		IS PROOF OF CLAIM FOR A
14 MHINON ST	1887 11/76		BMC Group in this case	ONE OF THE DE	REST IN A BORROWER THAT IS NO' BTORS
GLYFADA ATT	YENV J, 166 / Y		Check box if this address differs from the address on the		eady filed a proof of claim with the
GREE CE			envelope sent to you by the		or BMC you do not need to file again
Creditor Telephone Number	()011-30210-9672V	126	court	THIS SPAC	E IS FOR COURT USE ONLY
Last four digits of account o	r other number by which creditor identifies	debtor	Check here replace	ces	
1 BASIS FOR CLAIM	4041		if this claim amen	a previously ds	filed claim dated
Goods sold	Personal injury/wrongful death	Retiree t	penefits as defined in 11 U.S.	C § 1114(a)	Unremitted principal
1 =		Wages	salaries and compensation (fill out below)	Other claims against service
Services performed	☐ Taxes ☐	Last four	digits of your SS#		(not for loan balances)
Money loaned	Other (describe briefly)	Unpaid o	compensation for services pe	formed from	to (date) (date)
2 DATE DEBT WAS INCU	RRED	3 IF C	OURT JUDGMENT DATE O	BTAINED	
4 CLASSIFICATION OF C		t best descr	the your claim and state the amou	int of the claim at t	he time case filed
See reverse side for importar	'		SECURED CLAIM		
UNSECURED NONPRIOR				our claim is secur	red by collateral (including
Check this box if a) there exceeds the value of the r	is no collateral or lien securing your claim or b) property securing it or if c) none or only part of you	your claim	a right of setoff)		
entitled to priority		odi Cidilli 19	Brief description of	collateral	
UNSECURED PRIORITY C	LAIM		Real Estate		□ other
·	an unsecured claim all or part of which is			1 MOTOL VELICLE	3 0000
entitled to priority	_		Value of Collateral	\$ 30	0,000.00
Amount entitled to priority Specify the priority of the c	\$ claim		Amount of arrearage ar secured claim if any		at time case filed included in
Domestic support obligation	ons under 11 U S C § 507(a)(1)(A) or (a)(1)(B)		Up to \$2 225* of deposits toward	rd purchase lease	or rental of property or
Wages salaries or comm before filing of the bankrup	issions (up to \$10 000)* earned within 180 days ofcy petition or cessation of the debtor's	_	services for personal family of Taxes or penalties owed to go		
business whichever is ear	fler 11 USC § 507(a)(4)	=	Other Specify applicable para		
Contributions to an employ	yee benefit plan 11 USC § 507(a)(5)	L	* Amounts are subject to adjus	-	· · · · · · · · · · · · · · · · · · ·
			with respect to cases commen		
5 TOTAL AMOUNT OF CL. AT TIME CASE FILED	AIM \$ \$	30,c	xxx -00 \$	~	\$ 50,000.00
AT TIME CASE FILED	(unsecured)		secured)	(priority)	(Total)
Check this box if claim inc	ludes interest or other charges in addition to th	e principal	amount of the clarm Attach iter	nized statement o	f all interest or additional charges
6 CREDITS The amount	of all payments on this claim has been cred	ited and d	leducted for the purpose of m	aking this proof o	of claim
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1	cuments are not available explain. If the d			-	
proof of claim	To receive an acknowledgment of the		·		envelope and copy of this
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1 470	91	El Seguno		1	
DATE / /	SIGN and print the name and title if any of the		other person authorized to file		
11/21/06	this claim (attach copy of power of attorn	ney if any)			
100	12 manica			i	LICA CMC



	S BANKRUPYCY COURF 8871-	PR	OF OF CLAIM	09:03 P aç	ge 5 of 12
Name of Debtor		Case Nu	mak o r		
	11 400 5% KG5		· ·		
USA COULLETTOIS	PANY	06-	10725-132		
	of Debtors and Case Numbers	L			
This form should not be used	to make a claim for an administrative expent of the case. A request, for payment of		Check box if you are aware that anyone else has		
, -	be filed pursuant to 11 U S C § 503	J. 417	filed a proof of claim relating to your claim. Attach copy of		
Name of Creditor and	Address D.MITPA		statement giving particulars		
DAAL LEST	ANIDIS & DIMITEL		Check box if you have		
DOVANIPOS			never received any notices from the bankruptcy court or		PROOF OF CLAIM FOR A
11. 1111/12/01/			BMC Group in this case	SECURED INTERE ONE OF THE DEB	IST IN A BORROWER THAT IS NOT TORS
GLY FADA ATT	B7VJ, 16674		Check box if this address differs from the address on the		dy filed a proof of claim with the
Creditor Telephone Number	011-30210-962292	-	envelope sent to you by the court		r BMC you do not need to file again
	other number by which creditor identifies		Chock boro Trepla	ces .	
40	941		f this claim amer	a previously f	iled claım dated
1 BASIS FOR CLAIM		Retiree	benefits as defined in 11 U S	C § 1114(a)	Unremitted principal
Goods sold	Personal injury/wrongful death		salaries and compensation (•	Other claims against service
Services performed	∐ Taxes	Last fou	r digits of your SS#		(not for loan balances)
Money loaned	Other (describe briefly)	Unpaid	compensation for services pe	formed from	to
2 DATE DEBT WAS INCUR	RED	3 IF C	OURT JUDGMENT, DATE O	BTAINED	(date) (date)
4 CLASSIFICATION OF CL					e time case filed
See reverse side for important			SECURED CLAIM		
UNSECURED NONPRIORI'	TY CLAIM \$ s no collateral or lien securing your claim or b)	vour claim	Check this box if yo	our claim is secure	d by collateral (including
	operty securing it or if c) none or only part of yo		a right of setoff)		
UNSECURED PRIORITY CL	AIM		Brief description of Real Estate		Other
1	an unsecured claim all or part of which is		, ,		2,00,00
entitled to priority Amount entitled to priority	\$		Value of Collateral		at time case filed included in
Specify the priority of the ci	_		secured claim if any		
	ns under 11 U S C § 507(a)(1)(A) or (a)(1)(B)		Up to \$2 225* of deposits toward		
	ssions (up to \$10 000)* earned within 180 days		services for personal family of		
	tcy petition or cessation of the debtor's ier 11 U S C § 507(a)(4)	<u> </u>	Taxes or penalties owed to go Other Specify applicable part		
Contributions to an employ	ee benefit plan 11 U S C § 507(a)(5)	_	Amounts are subject to adjus	stment on 4/1/07 and	every 3 years thereafter
5 TOTAL AMOUNT OF CLA	AIM \$ \$	50	with respect to cases commer	cea on or after the a	\$ 30,000,00
AT TIME CASE FILED	(unsecured)		secured)	(priority)	(Total)
Check this box if claim incl	udes interest or other charges in addition to th	ie principal	amount of the claim Attach ite	mized statement of	all interest or additional charges
6 CREDITS The amount of	of all payments on this claim has been cred	ited and	deducted for the purpose of m	aking this proof of	claim
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	cts court judgments mortgages security a cuments are not available explain. If the o				SENDORIGINAL
8 DATE-STAMPED COP proof of claim	Y To receive an acknowledgment of the	e filing of y	your claim enclose a stampe	i self addressed e	envelope and copy of this
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	SIGN and print the name and title if any of th	e creditor o			
11/21/06	this claim (attach copy of power of attori	. / .			
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remaily for presenting traudulent	claim is a fine of up to \$500 000 or imprisonme	nt for up to	Systems OF DOLL TO U.S.C. 99	I DE MIND 3011	#1 # # 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1



UNITED STATES BANKRUPTCY COURT	PR	tered 08/07/11 16: OOF OF CLAIM	09:03 Pa	age 6 of 12
DISTRICT OF NEVADA				
Name of Debtor USA COMMERICIAL MORTGAGE	Case No			
COMPANY	06-	10725-LBR		
NOTE See Reverse for List of Debtors and Case Numbers This form should not be used to make a claim for an administrative expansing after the commencement of the case. A request for payment administrative expansion may be filed purposed to 11 H.S.C. S. 503	pense of an	Check box if you are aware that anyone else has filed a proof of claim relating to		
administrative expense may be filed pursuant to 11 U S C § 503 Name of Creditor and Address		your claim Attach copy of		
PANAGIOTIS DOVANIDIS & DI4ITRA	7	statement giving particulars Check box if you have		
DOVANI POU JEWROS		never received any notices from the bankruptcy court or BMC Group in this case		HS PROOF OF CLAIM FOR A REST IN A BORROWER THAT IS NO
94 MIKINON ST GLYFADA ATHENYS, 16674		Check box if this address	ONE OF THE DE	
425ECE Creditor Telephone Number ()011-30210 - 7622	071	differs from the address on the envelope sent to you by the court	Bankruptcy Court	ready filed a proof of claim with the tor BMC you do not need to file again CE IS FOR COURT USE ONLY
Last four digits of account or other number by which creditor identifies				DE 10 FOR COOKT DGE ONET
404/		Check here replace or if this claim amen	a previously	y filed claim dated
1 BASIS FOR CLAIM	Retiree	benefits as defined in 11 U S	C § 1114(a)	Unremitted principal
Goods sold Personal injury/wrongful death Services performed Taxes		salaries and compensation (f	fill out below)	Other claims against service (not for loan balances)
Money loaned		compensation for services per	formed from	to
				(date) (date)
2 DATE DEBT WAS INCURRED 4 CLASSIFICATION OF CLAIM Check the appropriate box or boxes that		OURT JUDGMENT, DATE O		the time case filed
See reverse side for important explanations	i Desi desci	•	int of the claim at	the time case nied
UNSECURED NONPRIORITY CLAIM \$		SECURED CLAIM	ur alaımın saası	rod by colletoral (maluding
Check this box if a) there is no collateral or lien securing your claim or b) exceeds the value of the property securing it or if c) none or only part of you		a right of setoff)	our ciaim is secu	red by collateral (including
entitled to priority	our claim is	Brief description of	collateral	
UNSECURED PRIORITY CLAIM		Real Estate	Motor Vehicle	o Other
Check this box if you have an unsecured claim all or part of which is entitled to priority		Value of Collateral		0,000 00
Amount entitled to priority \$		Amount of arrearage an secured claim if any	-	at time case filed included in
Specify the priority of the claim Domestic support obligations under 11 U S C § 507(a)(1)(A) or (a)(1)(B)		, L		
Wages salanes or commissions (up to \$10 000)* earned within 180 days before filing of the bankruptcy petition or cessation of the debtor's		Up to \$2 225* of deposits towa services for personal family of Taxes or penalties owed to gove	r household use	11 U S C § 507(a)(7)
business whichever is earlier 11 U.S.C. § 507(a)(4)	F	Other Specify applicable para		
Contributions to an employee benefit plan 11 USC § 507(a)(5)		Amounts are subject to adjus with respect to cases commend	tment on 4/1/07 ai	nd every 3 years thereafter
5 TOTAL AMOUNT OF CLAIM \$ \$ \$ AT TIME CASE FILED (unsecured)		DO \$ secured)	(priority)	\$ 50,000.00 (Total)
Check this box if claim includes interest or other charges in addition to th	e principal	amount of the claim Attach iten	nızed statement o	of all interest or additional charges
6 CREDITS The amount of all payments on this claim has been cred 7 SUPPORTING DOCUMENTS <u>Attach copies of supporting docu</u>		• •		
running accounts contracts court judgments mortgages security a DOCUMENTS If the documents are not available explain if the	greement	s and evidence of perfection	of lien DO NO	T SEND ORIGINAL
8 DATE-STAMPED COPY To receive an acknowledgment of the proof of claim	e filing of y	our claim enclose a stamped	self addressed	l envelope and copy of this
The original of this completed proof of claim form must be sent	t by mail o	or hand delivered (FAYES No	OT.	THIS SPACE FOR COURT
&C CEPTED) so that it is actually received on or before 5 00 pm for each person or entity (including individuals, partnerships, or				USE ONLY
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DATE SIGN and print the name and title if any of the this claim (attach-spy of power of attorn		r other person authorized to file		
11/21/08	1- "			

TINU		ES BANKRUDICE COURT 887. RICT OF NEVADA	I-B PR	oof of claim	:09:03 P	age 7 of 12
Name of Deb US 4 CO U COUL	tor UETZC/ PANY	H MORTYAGE	Case N	umber -10725-LBR		
This form should arising after the o	not be used commencen	of Debtors and Case Numbers It to make a claim for an administrative enent of the case A request for payme be filed pursuant to 11 U.S.C. § 503	expense nt of an	Check box if you are aware that anyone else has filed a proof of claim relating to		
Name of Cre PAN491011 DOVAN11 JTW26 14 MIKIN 944 FAD GI Creditor Telephol	ditor and I DOVA	Address 111915 & DIMITRA -ETV S 16674	Retiree Wages	your claim Attach copy of statement giving particulars Check box if you have never received any notices from the bankruptcy court or BMC Group in this case Check box if this address differs from the address on the envelope sent to you by the court Check here replain of americal particular and compensation (and the property of the property of the property of the particular of your SS #	SECURED INTEL ONE OF THE DE If you have all Bankruptcy Cour THIS SPACE ces a previously ds C § 1114(a)	HIS PROOF OF CLAIM FOR A REST IN A BORROWER THAT IS NOTEBTORS ready filed a proof of claim with the tor BMC you do not need to file again CE IS FOR COURT USE ONLY y filed claim dated Unremitted principal Other claims against service (not for loan balances)
Money loan		Other (describe briefly)		ir digits of your SS # compensation for services pe	rformed from	to
2 DATE DEBT V	·	RED		OURT JUDGMENT, DATE O		(date) (date)
	ION OF CL	AIM Check the appropriate box or boxes t				the time case filed
UNSECURED N	ONPRIORI x if a) there is alue of the pr					red by collateral (including
Check this bore entitled to price	x if you have prity	AIM an unsecured claim all or part of which is \$		Value of Collateral Amount of arrearage ar	\$ 50	Other OOO - OO at time case filed included in
Specify the pr	•		,	secured claim if any	\$	
Wages salarid before filing of business which	es or commis f the bankrupt chever is earl	ns under 11 U S C § 507(a)(1)(A) or (a)(1)(B ssions (up to \$10 000)* earned within 180 da coy petition or cessation of the debtor's er 11 U S C § 507(a)(4) se benefit plan 11 U S C § 507(a)(5)	· -	Up to \$2 225* of deposits towal services for personal family of Taxes or penalties owed to go Other Specify applicable para Amounts are subject to adjust	or household use overnmental units agraph of 11 U S C	11 U S C § 507(a)(7) 11 U S C § 507(a)(8) C § 507(a) ()
5 TOTAL AMOU	NT OF CLA	114	70	with respect to cases commen		date of adjustment
AT TIME CAS	E FILED	(unsecured)	(POO. CO \$ secured	(priority)	\$ 50,000,000
6 CREDITS TH 7 SUPPORTIN running accou DOCUMENTS	ne amount o	ides interest or other charges in addition to f all payments on this claim has been or MENTS <u>Attach copies of supporting do</u> ts court judgments mortgages securit uments are not available explain if the Y To receive an acknowledgment of	redited and ecuments, s y agreements e documents	deducted for the purpose of much as promissory notes pure ts and evidence of perfections are voluminous attach a sur	naking this proof chase orders inv of lien DO NO mmary	of claim roices itemized statements of IT SEND ORIGINAL
ACCEPTED) s for each pers governmenta	so that it is on or entity	pleted proof of claim form must be se actually received on oil before 5 00 p (including individuals partnerships	om p evaili corporation	ng Pacific time or Novembe ons joint ventures trusts an	er it 106 ad	THIS SPACE FOR COURT USE ONLY
BY MAIL TO BIMC Group JIA 17 H (Box 911 ELSCIER	ر د و		BMC Gro Attr US/ 1330 Eas El Segun	AC AC ar in St Franklin A an i GO (A DU_1		NOV 2 9 2006
11/21)	106	SIGN and print the name and title if any of this claim (attach copy) of power of att	omey fany)	or other person authorized to file		

UNITED STATES BANKRUPTET COURF 00/1	PR	OF OF CLAIM	19.03 Pa	age 8 01 12
Name of Debtor USA COMMIER UNI MONTGAGE CO	Case Nu	ımber	1	
US 4 COMMISE COM MORIGAGE CO	06-	10.725-LBR		
NOTE See Reverse for List of Debtors and Case Numbers This form should not be used to make a claim for an administrative ex arising after the commencement of the case A request for payment	pense of an	Check box if you are aware that anyone else has	 	
administrative expense may be filed pursuant to 11 U S C § 503		filed a proof of claim relating to your claim. Attach copy of		
Name of Creditor and Address		statement giving particulars		
PANAGIOTIS DOVANIOUS +		Check box if you have never received any notices		
GLY FADA ATHENS, 16645		from the bankruptcy court or BMC Group in this case		IIS PROOF OF CLAIM FOR A REST IN A BORROWER THAT IS NOT BTORS
GREECE		Check box if this address differs from the address on the		eady filed a proof of claim with the
30210-	,, <u>, , , , , , , , , , , , , , , , , ,</u>	envelope sent to you by the court	1	or BMC you do not need to file again
Creditor Telephone Number () 01/- 35 7622	426	Codit	THIS SPAC	E IS FOR COURT USE ONLY
Last four digits of account or other number by which creditor identifies $404/$	debtor	Check here replace or if this claim amen	a previously	filed claim dated
1 BASIS FOR CLAIM	Retiree t	enefits as defined in 11 U S	C § 1114(a)	Unremitted principal
Goods sold Personal injury/wrongful death		salaries and compensation (_	Other claims against service
Services performed Taxes	-	digits of your SS#	III OUL DelOW)	(not for loan balances)
Money loaned Other (describe briefly)		compensation for services per	rformed from	to
2 DATE DEBT WAS INCURRED	3 IF C	OURT JUDGMENT, DATE O	RTAINED	(date) (date)
4 CLASSIFICATION OF CLAIM Check the appropriate box or boxes that				he time case filed
See reverse side for important explanations		SECURED CLAIM		
UNSECURED NONPRIORITY CLAIM \$			our claim is secui	red by collateral (including
Check this box if a) there is no collateral or lien securing your claim or b) exceeds the value of the property securing it or if c) none or only part of y	your claim our claim is	a right of setoff)		,
entitled to priority		Brief description of	collateral	
UNSECURED PRIORITY CLAIM		Real Estate	Mater Vehicle	Other
Check this box if you have an unsecured claim all or part of which is entitled to priority			_	
		Value of Collateral		000.00
Amount entitled to priority \$		Amount of arrearage ar secured claim if any		at time case filed included in
Specify the priority of the claim Domestic support obligations under 11 U.S.C. § 507(a)(1)(A) or (a)(1)(B)	_			
Wages salaries or commissions (up to \$10 000)* earned within 180 days	L.	Up to \$2 225* of deposits towa services for personal family o	r household use 1	1 U S C § 507(a)(7)
before filing of the bankruptcy petition or cessation of the debtor's business whichever is earlier 11 U.S.C. § 507(a)(4)	<u> </u>	Taxes or penalties owed to gov		*
Contributions to an employee benefit plan 11 U S C § 507(a)(5)	لــا	Other Specify applicable para Amounts are subject to adjust	-	
		with respect to cases commen		
5 TOTAL AMOUNT OF CLAIM \$	30,0	00.00 \$		\$ 30,000,00
AT TIME CASE FILED (unsecured)	(s	ecured)	(priority)	(Total)
Check this box if claim includes interest or other charges in addition to the	he principal a	amount of the claim Attach iter	nized statement o	fall interest or additional charges
6 CREDITS The amount of all payments on this claim has been cre 7 SUPPORTING DOCUMENTS <u>Attach copies of supporting documents are not available explain</u> If the	<i>uments,</i> su agreements	ch as promissory notes purc s and evidence of perfection	hase orders inventor in DO NO	oices itemized statements of
8 DATE-STAMPED COPY To receive an acknowledgment of th proof of claim				envelope and copy of this
The original of this completed proof of claim form must be sen ACCEPTED) so that it is actually received on or before 5 00 pm for each person or entity (including individuals partnerships of the property lights).	prevailin	g Pacific time 🦃 Novembe	-10 פי מו	THIS SPACE FOR COURT USE ONLY
governmental units) BY MAIL TO BMC Grang	BY HAND O	OR OVERNIGHT DELIVERY TO		
too, L I I		CIF I I S I	_,,	11011 6 0 0000
FURNITURE JUNUS		: Franklin Aven 5 (A 9024	FILED	NOV 2 9 2006
DATE , SIGN and print the name and title if any of the				
this claim (attach copy of power of attor				
Vorand	5			1104 0140

Penalty for presenting traudulent claim is a fine of up to \$500 000 or imprisonment for up to 5 years or both 18 U.S.C. §§ 152 AND 3571

USA CMC

		es-bankruptey court ^{oo i} Rict of Nevada	PR	OOF OF CLAIM	19.05 Fat	ge 9 01 12
Na C	me of Debtor OSA Comm F	ACIAL MONTUAGE C	Case N	umber -10725-LBR		
Thi	s form should not be used ing after the commencem	of Debtors and Case Numbers I to make a claim for an administrativent of the case A request' for payr	e expense ment of an	Check box if you are aware that anyone else has		
_		be filed pursuant to 11 U S C § 503		filed a proof of claim relating to your claim. Attach copy of		
Na	me of Creditor and	Address		statement giving particulars		
1		DOVANIDOU JA	rpos	Check box if you have never received any notices		
	14 MIKIN	ION ST 4 ATHENS, 1667	5	from the bankruptcy court or BMC Group in this case		S PROOF OF CLAIM FOR A EST IN A BORROWER THAT IS NO' TORS
	GREECE			Check box if this address differs from the address on the envelope sent to you by the	1	ady filed a proof of claim with the or BMC you do not need to file again
	ditor Telephone Number			court	THIS SPACE	IS FOR COURT USE ONLY
Las	t four digits of account or	other number by which creditor ident	rfies debtor	Check here replace	a previously i	filed claim dated
1 E	ASIS FOR CLAIM		Retiree	benefits as defined in 11 U S		Unremitted principal
	Goods sold	Personal injury/wrongful death		salaries and compensation (•	Other claims against service
	Services performed	Taxes		r digits of your SS #	iii odi bolow)	(not for loan balances)
12	Money loaned	Other (describe briefly)		compensation for services per	formed from	to (date)
2 C	ATE DEBT WAS INCUR	RED	3 IF C	OURT JUDGMENT DATE O	BTAINED	(date)
		AIM Check the appropriate box or boxe	s that best desc	ribe your claim and state the amou	unt of the claim at the	e time case filed
i	ee reverse side for important	·		SECURED CLAIM		
	exceeds the value of the pro-	operty securing it or lien securing your claim operty securing it or if c) none or only part	or b) your claim t of your claim is		our claim is secure	d by collateral (including
UNS	entitled to priority SECURED PRIORITY CL	AIM		Brief description of		
		an unsecured claim all or part of which is		Real Estate	Motor Vehicle	Other
	entitled to priority			Value of Collateral	\$ 30,	000.00
	Amount entitled to priority	\$				at time case filed included in
	Specify the priority of the cla			secured claim if any		-
	Wages salaries or commis	is under 11 U S C \S 507(a)(1)(A) or (a)(1) isions (up to \$10 000) earned within 180	L	Up to \$2 225* of deposits towa services for personal family o		
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	OTAL AMOUNT OF CLA AT TIME CASE FILED	IM \$(unsecured)	-	Secured)	(priority)	\$ 30,000.00
	Check this box if claim inclu	ides interest or other charges in addition		· ·		, , , ,
7 S	UPPORTING DOCUM unning accounts contract	fall payments on this claim has been IENTS <u>Attach copies of supporting</u> ts court judgments mortgages secu uments are not available explain. If the court is the control of the contro	<i>documents,</i> suirity agreement	uch as promissory notes purc is and evidence of perfection	hase orders invol of lien DO NOT	ces itemized statements of
8 D		Y To receive an acknowledgment				envelope and copy of this
£ F	(CCEPTED) so that it is	oleted proof of claim form must be actually received on or before 5 00 (including individuals, partnership) pm prevailin	ig Pacific time on Novembe	1121 (In	THIS SPACE FOR COURT USE ONLY
Ē	Y MAIL TO BMC Group			OR OVERNIGHT DELIVERY TO		
	*1 J_F 11		BMC Gro	up KU/I lali i i i	FII #r	NOV 9 9 200c
	2) Br 44 1567 + 2 r C	11		t Franklin A shii no (A Hu Hr	1 1240	140 V / 200 A
DAT		SIGN and print the name and title if any	of the creditor or			
1.	1/21/06	this claim Cattach copy of power of	attorney if any)			LISA CMC

UNITED STATES BANKRUPTCY COURT OF A DISTRICT OF NEVADA	PR	OF OF CLAIM	9.03 Fa	ge 10 01 12
Name of Debtor USA COMMERCIAL MORTGAGE	Case No	umber		
Co	06-	10725-LBR		
NOTE See Reverse for List of Debtors and Case Numbers This form should not be used to make a claim for an administrative of arising after the commencement of the case. A request for payme administrative expense may be filed pursuant to 11 U.S.C. § 503		Check box if you are aware that anyone else has filed a proof of claim relating to your claim. Attach copy of		
Name of Creditor and Address DALLAC (27/5 DOVA 4 11 DIS +	<u>-</u> , · · ·	statement giving particulars		
PANAGIOTIS DOVANIDIS TOWN	90S	Check box if you have never received any notices		
GLYFADA ATHENS, 16675		from the bankruptcy court or BMC Group in this case		IIS PROOF OF CLAIM FOR A REST IN A BORROWER THAT IS NOT BTORS
GREECE		Check box if this address differs from the address on the envelope sent to you by the	If you have air	eady filed a proof of claim with the or BMC you do not need to file again
Creditor Telephone Number () 0//- 30210 - 9622		court	1 ' '	E IS FOR COURT USE ONLY
Last four digits of account or other number by which creditor identified $404/$	es debtor	Check here replace	a previously	filed claim dated
1 BASIS FOR CLAIM	Retiree	benefits as defined in 11 U S	C § 1114(a)	Unremitted principal
Goods sold Personal injury/wrongful death Services performed Taxes	_	salaries and compensation (i	fill out below)	Other claims against service (not for loan balances)
Money loaned	Unpaid	compensation for services pe	formed from	to
2 DATE DEBT WAS INCURRED	3 IF C	OURT JUDGMENT, DATE O	BTAINED	(date) (date)
4 CLASSIFICATION OF CLAIM Check the appropriate box or boxes				he time case filed
See reverse side for important explanations UNSECURED NONPRIORITY CLAIM \$		SECURED CLAIM		
Check this box if a) there is no collateral or lien securing your claim or			ur claim is secu	red by collateral (including
exceeds the value of the property securing it or if c) none or only part of entitled to priority	f your claim is	a right of setoff) Brief description of	collateral	
UNSECURED PRIORITY CLAIM		Real Estate		Other
Check this box if you have an unsecured claim all or part of which is entitled to priority		Value of Collateral	-	000.00
Amount entitled to priority \$ Specify the priority of the claim		Amount of arrearage ar secured claim if any	d other charges	at time case filed included in
Domestic support obligations under 11 U S C § 507(a)(1)(A) or (a)(1)(B	· L.	Up to \$2 225 of deposits towa services for personal family o		
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Contributions to an employee benefit plan 11 U S C § 507(a)(5)	L	Other Specify applicable para * Amounts are subject to adjus with respect to cases commen	tment on 4/1/07 ar	nd every 3 years thereafter
5 TOTAL AMOUNT OF CLAIM \$	300	OO, OO \$	ced on or aner are	\$ 30,000-00
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Check this box if claim includes interest or other charges in addition to	the principal	amount of the claim Attach iter	nized statement o	f all interest or additional charges
6 CREDITS The amount of all payments on this claim has been c 7 SUPPORTING DOCUMENTS <u>Attach copies of supporting do</u>	ocuments, su	uch as promissory notes purc	hase orders inv	oices itemized statements of
running accounts contracts court judgments mortgages securif DOCUMENTS If the documents are not available explain. If the				T SEND ORIGINAL
8 DATE-STAMPED COPY To receive an acknowledgment of proof of claim	the filing of y	our claim enclose a stamped	self addressed	envelope and copy of this
The original of this completed penof of claim form must be so ACCEPTED) so that it is actually received on or before 5.00 ptor each person or entity (including individuals, partnerships governmental units)	om prevailir corporatio	ng Pacific time or flovembe ins joint ventures i usts an	4 13 1) F	THIS SPACE FOR COURT USE ONLY
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DATE SIGN and print the name and title if any of this claim (attach copy of power of att	the creditor o			
1/21/06 Beranich	<u>5'</u>			— USA CMC
Penalty for presenting fraudulent claim is a fine of up to \$500 000 or imprisoni	ment for up to	5 years or both 18 USC §§ 1	52 AND 3571	

UNITED STATES BANKRUPTCY COURT DISTRICT OF NEVADA	PRO	OF OF CL	AIM	09.03 Pa	ige II oi	12	
Name of Debtor	Case Nu	ımber					
US A COMMERCIAI MOATGAGE Co	06	-107254	LBR				
NOTE See Reverse for List of Debtors and Case Numbers This form should not be used to make a claim for an administrative ex	oense	Check box if you aware that anyone el					
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Name of Creditor and Address		statement giving part					
PANAGIOTIS DOVANIDIS + DIMITRA DOVANIDOU TIWAG	05	Check box if you					
		never received any n from the bankruptcy of BMC Group in this ca	court or	DO NOT FILE TH SECURED INTER			
GLY FADA ATHENS, 16675		Check box if this	address	ONE OF THE DE			
GREECE		differs from the addre envelope sent to you		Bankruptcy Court	eady filed a prod or BMC you do		
Creditor Telephone Number () 0//-30 2/0 -96229	76	court	-,	THIS SPAC	E IS FOR CO	URT USE	ONLY
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1 BASIS FOR CLAIM	Retiree	benefits as defined i			Unremitt	ted principa	al
Goods sold Personal injury/wrongful death	_	salaries and compe		_	Other cla	aıms agaın	st servicer
Services performed Taxes		r digits of your SS#			(not for	loan balance	es)
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2 DATE DEBT WAS INCURRED 4 CLASSIFICATION OF CLAIM Check the appropriate box or boxes that	1		·		the time case file	ed	
See reverse side for important explanations		SECURED CI					
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Specify the priority of the claim Domestic support obligations under 11 U S C § 507(a)(1)(A) or (a)(1)(B)		Up to \$2 225* of de services for persona	posits towa	ard purchase lease or household use	e or rental of pro	operty or (a)(7)	
Wages salaries or commissions (up to \$10 000)* earned within 180 days before filing of the bankruptcy petition or cessation of the debtor's	" [Taxes or penalties					
business whichever is earlier 11 U S C § 507(a)(4) Contributions to an employee benefit plan 11 U S C § 507(a)(5)		Other Specify app Amounts are subje	ect to adiu:	stment on 4/1/07 a	nd every 3 years	thereafter	
5 TOTAL AMOUNT OF CLAIM \$ \$	200	with respect to case	es commer	nced on or alter the		0000.0	20
AT TIME CASE FILED (unsecured)		secured)		- (priority)	·	(Total)	
Check this box if claim includes interest or other charges in addition to t			Attach ite		of all interest or	additional o	harges
6 CREDITS The amount of all payments on this claim has been cre							
7 SUPPORTING DOCUMENTS <u>Attach copies of supporting doc</u>	<i>uments,</i> s agreemen	uch as promissory n ts_and evidence of p	otes pure	chase orders inv of lien DO NO	oices itemize	d statemei SINAL	nts of
DOCUMENTS If the documents are not available explain If the	document	s are voluminous at	tach a sui	mmary			hie
8 DATE-STAMPED COPY To receive an acknowledgment of the proof of claim							
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Penalty for presenting fraudulent claim is a fine of up to \$500 000 or imprisonm	ent for up to	5 years or both 18 U	JSC §§	152 AND 3571	1/11	10725015	10

Case 06-10725-gwz Doc 8871-3 Entered 08/07/11 16:09:03 Page 12 of 12 FORM B10 (Official Form 10) (10/05) DISTRICT OF NEVADA UNITED STATES BANKRUPTCY COURT PROOF OF CLAIM Name of Debtor Case Number USA COMMERCIAL MORTGAGE Co. 06-10725 NOTE. This form should not be used to make a claim for an administrative expense arising after the commencement of the case. A "request for payment of an administrative expense may be filed pursuant to 11 U.S.C. § 503 ☐ Check box if you are aware that anyone Name of Creditor (The person or other entity to whom the else has filed a proof of claim relating to debtor owes money or property) your claim. Attach copy of statement HANS J. Prakelt giving particulars ☐ Check box if you have never received any Name and address where notices should be sert
ROBERT C. LEPOME
10/20 S. EASTERN # 200 notices from the bankruptcy court in this Check box if the address differs from the HENDERSON, NV 89052 Telephone number (702) 492-1271 address on the envelope sent to you by THE SPACE IS FUR COME USE ONLY the court. Check here I replaces Last four digits of account or other number by which creditor of this claim amends a previously filed claim, dated. 80 identifies debtor Retiree benefits as defined in 11 USC § 1114(a) Rasis for Claum GENERAL UNSECURED [Wages, salaries, and compensation (fill out below) Goods sold CHAIM-CLASS 4 Last four digits of your SS # Services performed Unpaid compensation for services performed ☐ Money loaned Personal injury/wrongful death П to from Taxes (date) (date) NEGLICENCE + FRAUD **(2)** Other -If court judgment, date obtained Date debt was incurred. JAN 1, 2005 3. APRIL 12, 2006 70 4. Classification of Claim. Check the appropriate box or boxes that best describe your claim and state the amount of the claim at the time case filed See reverse side for important explanations Secured Claim Unsecured Nonpriority Claum 5 55, 375 Check this box if your claim is secured by collateral (including Check this box if. a) there is no collateral or hen securing your claim, or a right of setoff) b) your claim exceeds the value of the property securing it, or if c) none or only part of your claim is entitled to priority Brief Description of Collateral ☐ Real Estate ☐ Motor Vehicle ☐ Other-Unsecured Priority Clasm Value of Collateral S____ Check this box if you have an unsecured claim all or part of which is Amount of arrearage and other charges at tune case filed included in entitled to priority secured claim, if any \$__ Amount entitled to priority S_ Up to \$2,225* of deposits toward purchase, lease or rental of Specify the priority of the claim or services for personal, family, or household use - 11 U S C ☐ Domestic support obligations under 11 U.S.C. § 507(a)(1)(A) or § 507(a)(7) (a)(1)(B)Taxes or penalties owed to governmental units - 11 U.S.C § 507(a)(8) ☐ Wages, salaries, or commissions (up to \$10 000),* earned within 180 Other - Specify applicable paragraph of 11 USC § 507(a)(_ days before filing of the bankruptcy petition or cessation of the debtor's business, whichever is earlier - 11 U.S.C. § 507(a)(4) *Amounis are subject to adjustment on 4/1/07 and every 3 years thereafter with respect to cases commenced on or after the date of adjustment Contributions to an employee benefit plan - 11 U S C. § 507(a)(5) \$55,378 55,3 Total Amount of Claim at Time Case Filed. (unsecured) (secured) (priority) (Total) Check this box if claim includes interest or other charges in addition to the principal amount of the claim. Attach itemized statement of all interest or additional charges The amount of all payments on this claim has been credited and deducted for the purpose of Credits: THIS SPACE IS FOR COURT USE ONLY making this proof of claim. 7 Supporting Documents: Attach copies of supporting documents, such as promissory notes, purchase orders, invoices itemized statements of running accounts, contracts, court judgments, mortgages, security agreements and evidence of perfection of lien DO NOT SEND ORIGINAL DOCUMENTS If the FILED DEC 0 6 2006 documents are not available, explain. If the documents are voluminous attach a summary Date-Stamped Copy. To receive an acknowledgment of the filing of your claim, enclose a stamped, selfaddressed envelope and copy of this proof of claim Sign and print the name and title, if any of the creditor in other person authorized to Date

Penalty for presenting froudulent claim. Fine of up to \$500,000 or impresonment for up to 5 years, or both 18 U.S.C.

BAD-# 1980

file this claim (ansel copy of hower of attorie, if any).

12-04-06

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